FACILITY NAME AND PERMIT NUMBER:
City of Coeur d'Alene POTW ID-002285-3

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Form Approved 1/14/99
OMB Number 2040-0086

Form 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow > or = 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treamtent works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

PCS 5/26/04

TRB 5/13/04

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1 Facility Information.

Facility name: City of Coeur d'Alene Advanced Wastewater Treatment Plant

Mailing Address: 710 E. Mullan Ave. Coeur d'Alene, ID 83814

Contact Person: H. Sid Fredrickson

Title: Wastewater Superintendent

Telephone Number: 2087692277

Facility Address (not P.O. Box): 915 Hubbard Ave. Coeur d'Alene, ID 83814

A.2 Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: City of Coeur d'Alene, Idaho

Mailing Address: 710 E. Mullan Ave. Coeur d'Alene, ID 83814

Contact Person: H. Sid Fredrickson

Title: Wastewater Superintendent

Telephone Number: (208)769-2277

Is the applicant the owner or operator (or both) of the treatment works

X owner X operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant

____ facility X applicant

A.3 Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

Permit Type	Permit Number	Permit Type	Permit Number
NPDES	ID-002285-3		

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership

BB 5/13/04

City of Coeur d'Alene	35,000	Separate	municipal
Fernan Village	180	Separate	municipal

Total Population Served 35,180

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

___ Yes X No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

X Yes ___ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 6.000 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	3.190	3.190	3.160	mgd
c. Maximum daily flow rate	3.330	3.370	3.330	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

X	Separate sanitary sewer	100 %
___	Combined storm and sanitary sewer	___ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? X Yes ___ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other	0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ___ Yes X No

If yes, provide the following for each surface impoundment:

Location: ___

Annual average daily volume discharged to surface impoundment(s ___ mgd

Is discharge ___ continuous or ___ intermittent

c. Does the treatment works land-apply treated wastewater? _____ Yes _X_ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to si _____ mgd

Is discharge _____ continuous or _____ intermittent

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes _X_ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes _X_ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method _____ continuous or _____ intermittent

WASTEWATER DISCHARGES:
If you answered "yes" to quetion A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a.**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9 Description of Outfall.

a. Outfall number 001

b. Location
Coeur d'Alene (City of town, if applicable) — 83814 (Zip Code)
Kootenai (County) — ID (State)
47 40 56 N (Latitude) — 116 47 47 W (Longitude)

c. Distance from shore (if applicable) 100 ft.

d. Depth below surface (if applicable) 10 ft.

e. Average daily flow rate ~~4.08~~ 3.16 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ yes X no (go to A.9.g)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs:

g. Is outfall equipped with a diffuser? X yes ____ no

A.10 Description of Receiving Waters.

a. Name of receiving water Spokane River

b. Name of watershed (if known) Spokane River

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): ____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): ____

d. Critical low flow of receiving stream (if applicable):

acute ____ cfs chronic ____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable) ____ mg/l of $CaCO_3$

A.11 Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

X Primary — X Secondary

X Advanced — Other. Describe:

b. Indicated the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	85.0	%
Design SS removal	85.0	%
Design P removal	85.0	%
Design N removal		%
Other		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? X Yes ___ No

d. Does the treatment plan have post aeration? ___ Yes X No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing dta for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.23	s.u.			
pH (Maximum)	7.98	s.u.			
Flow Rate	4.33	mgd	3.15	mgd	1,614
Temperature (Winter)	20.9	c	14.1	c	1,185
Temperature (Summer)	24.4	c	20.6	c	336

*For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	0.00		0.00		0		
DEMAND (Report one)	CBOD-5	13.20	mg/l	4.60	mg/l	658	SM 5210 B	0.1 MG/L
FECAL COLIFORM		900.00	#/100ml	2.00	/100ml	857	SM 9221 E	<2/100 ML
TOTAL SUSPENDED SOLIDS (TSS)		42.50	mg/l	9.10	mg/l	672	SM2540 D	0.1 MG/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate greater than or equal to 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. **Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

500,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Inflow only occurs during storm events. Heavy events can add up to 0.5 mgd to the daily flow. A stormwater utility is being created.

B.2. **Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plan, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored and/or disposed.

B.3. **Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. **Operation/Maintenance performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor. _____ Yes X _____ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary.

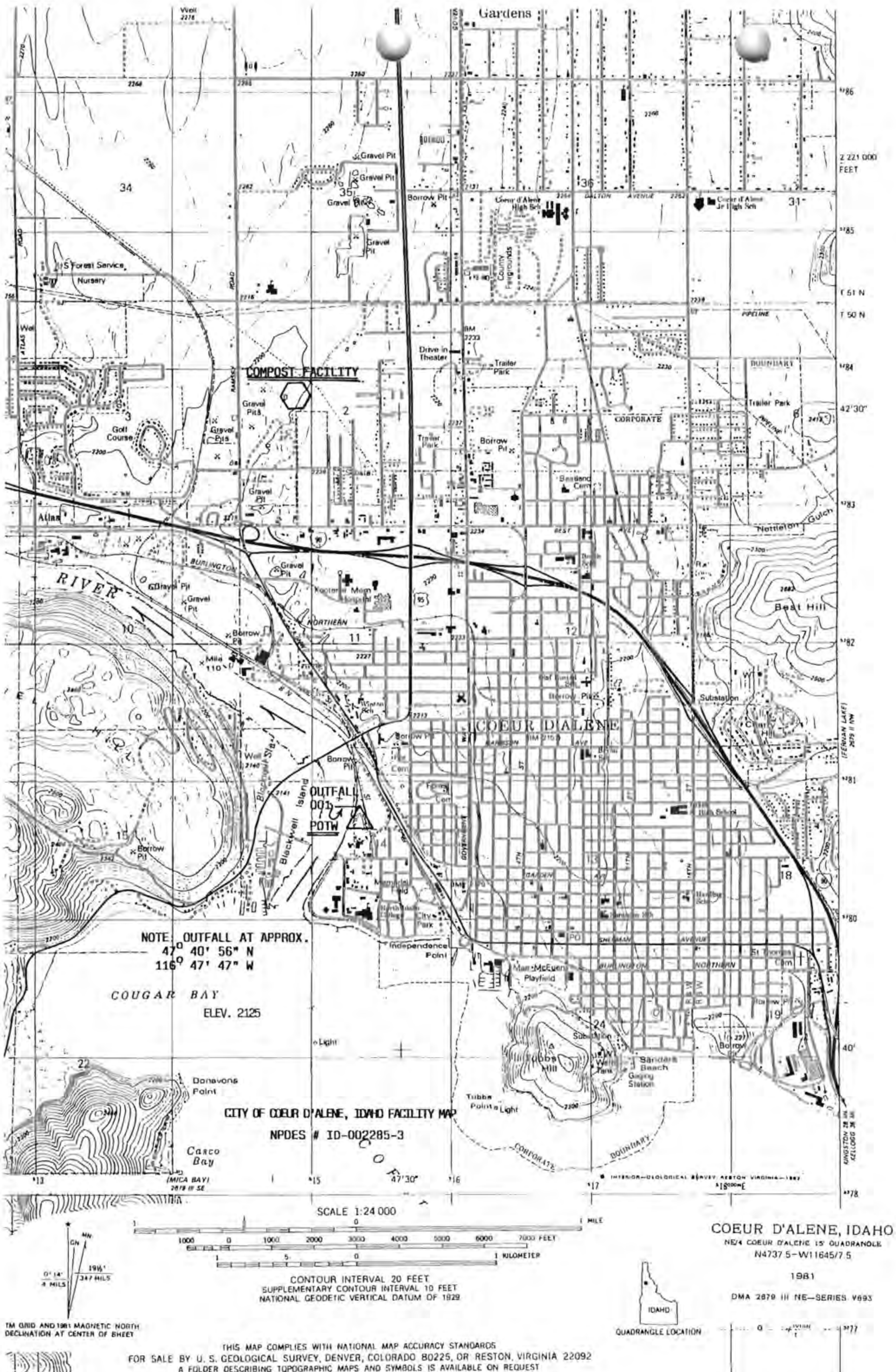
Name: _____

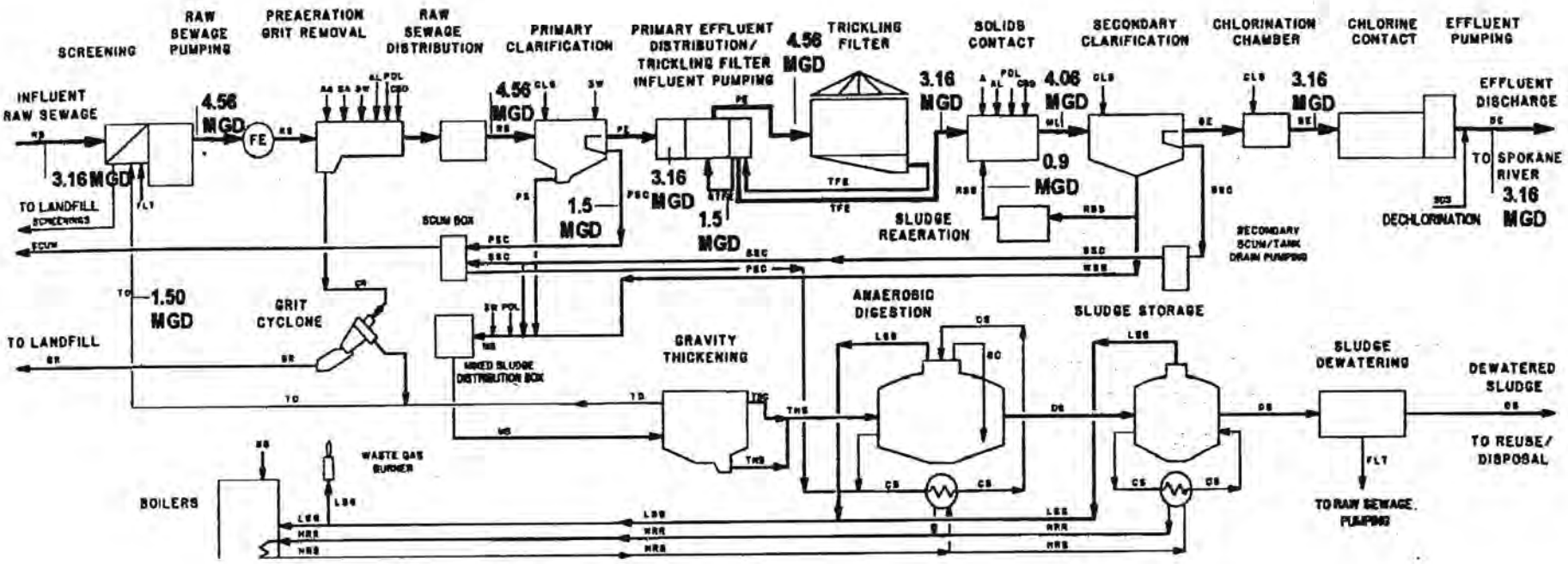
Mailing Address: _____

_____

Telephone Number: _____

Responsibilites of Contractor: _____


CITY OF COEUR D'ALENE, IDAHO FACILITY MAP
NPDES # ID-002285-3
COMPOST FACILITY
OUTFALL
001
POTW
NOTE: OUTFALL AT APPROX.
47° 40' 56" N
116° 47' 47" W
COUGAR BAY
ELEV. 2125
COEUR D'ALENE
RIVER
Gardens
Coeur d'Alene High Sch
Coeur d'Alene Jr High Sch
County Fairgrounds
Forest Service Nursery
Golf Course
Drive in Theater
Trailer Park
Borrow Pit
Gravel Pit
Kootenai Mem Hospital
Blackwell Island
Independence Point
Tubbs Hill
Tubbs Point Light
Sanders Beach
Gaging Station
Donavons Point
Casco Bay
Best Hill
Nettleton Gulch
Atlas
Substation
CORPORATE BOUNDARY
SCALE 1:24 000
CONTOUR INTERVAL 20 FEET
SUPPLEMENTARY CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929
COEUR D'ALENE, IDAHO
NE/4 COEUR D'ALENE 15' QUADRANGLE
N4737.5—W11645/7.5
1981
DMA 2879 III NE—SERIES V893
QUADRANGLE LOCATION
IDAHO
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



The City of Coeur d'Alene Wastewater Facility: Process flow begins at the Influent Wet Well followed by the Bar Screen, pumping to the Preaeration tank, and then distributed to two Primary Clarifiers. From the clarifiers, flow continues to the Trickling Filter pump station that routes the primary effluent between two trickling filters and a small recycle stream for low diurnal flow wetting. From the Trickling filters, the flow continues to the Solids Contact tank for reintroduction of reaerated sludge retained for the TF-SC operation. Process flow goes from the Solids Contact tank to the Final Clarifiers for solids removal. From the Final Clarifiers, the flow continues to the chlorine contact basin for disinfection. Prior to the discharge of the process stream into the Spokane River, the chlorinated effluent is dechlorinated by sulfur dioxide.

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementaiton schedules or is planning several improvements, submit separate response to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____ Yes __X__ No

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
- Begin construction	10/01/2004	10/1/2006
- End construction		
- Begin discharge		10/1/2006
- Attain operational level		

e. Have appropriate permits/clearance concerning other Federa/State requirements been obtained?. __X__ Yes ____ No

Describe briefly: Upgrade and expansion Phase 4B is planned to replace outdated influent pumping and screening facilities, to expand effluent

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
Ammonia (as N)	20.88	mg/l	8.31	MG/L	248	SM 4500 NH3 D	0.8 MG/L
Chlorine (Total Residual, TRC)	0.35	MG/L	0.02	MG/L	614	SM 4500 CL G	10 UG/L
Dissolved Oxygen	8.80	MG/L	5.70	MG/L	614	SM 4500 O - G	0.5 MG/L
Total Kjeldahl Nitrogen (TKN)	0.00		0.00		0		
Nitrate plus Nitrite Nitrogen	0.00		0.00		0		
Oil and Grease	0.00		0.00		0		
Phosphorus (Total)	5.96	MG/L	0.90	MG/L	340	SM 4500 P - E	10 UG/L
Total dissolved Solids (TDS)	0.00		0.00		0		

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to Instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X Basic Application Information Packet

Supplemental Application Information packet:

X Part D (Expanded Effluent Testing Data)

X Part E (Toxicity Testing: Biomonitoring Data)

X Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: H. Sid Fredrickson, Wastewater Superintendent

Signature: H. Sid Fredrickson

Telephone number: 2087692277

Date signed: 4/29/04

Upon request of the permitting authority you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETE FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
City of Coeur d'Alene POTW - ID-002285-3

This permit application form was elctronically generated by P.A.S.S.

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

(Complete once for each outfall discharging effluent to waters of the United States.)

Outfall Number 001

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
Antimony	0.00		0.00		0.00		0.00		0.00		
Arsenic	6.00	ug/l	0.00		2.70	ug/l	0.00		21.00	EPA 1638	.01
Berylium	0.00		0.00		0.00		0.00		0.00		
Cadmium	1.00	ug/l	0.00		0.16	ug/l	0.00		92.00	EPA 1638	.01
Chromium	1.98	ug/l	0.00		0.94	ug/l	0.00		21.00	EPA 1638	.01
Copper	31.50	ug/l	0.00		11.85	ug/l	0.00		98.00	EPA 1638	.01
Lead	6.53	ug/l	0.00		0.95	ug/l	0.00		92.00	EPA 1638	.01
Mercury	0.03	ug/l	0.00		0.01	ug/l	0.00		21.00	EPA 1631	.01
Nickel	3.39	ug/l	0.00		2.51	ug/l	0.00		21.00	EPA 1638	.01
Selenium	0.00		0.00		0.00		0.00		0.00		
Silver	8.68	ug/l	0.00		1.66	ug/l	0.00		120.00	EPA 1638	.01
Thallium	0.00		0.00		0.00		0.00		0.00		
Zinc	142.0(	ug/l	0.00		51.18	ug/l	0.00		92.00	EPA 1638	.01
Cyanide	70.00	ug/l	0.00		20.20	ug/l	0.00		21.00	SM 4500 CN E	5.0
Total Phenolic Compounds	0.00		0.00		0.00		0.00		0.00		
Hardness (As CaCO3)	184.0(	mg/l	0.00		141.0(	mg/l	0.00		28.00	SM 2340 C	

Outfall Number 001

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS											
Acrolein	0.00		0.00		0.00		0.00		0.00		
Acrylonitrile	0.00		0.00		0.00		0.00		0.00		
Benzene	0.00		0.00		0.00		0.00		0.00		
Bromoform	0.00		0.00		0.00		0.00		0.00		
Carbon Tetrachloride	0.00		0.00		0.00		0.00		0.00		
Clorobenzene	0.00		0.00		0.00		0.00		0.00		
Chlorodibromo-Methane	0.00		0.00		0.00		0.00		0.00		
Chloroethane	0.00		0.00		0.00		0.00		0.00		
2-Chloro-Ethylvinyl Ether	0.00		0.00		0.00		0.00		0.00		
ChloroForm	0.00		0.00		0.00		0.00		0.00		
Dichlorobromo-Methane	0.00		0.00		0.00		0.00		0.00		
1, 1-Dichloroethane	0.00		0.00		0.00		0.00		0.00		
1, 2-Dichloroethane	0.00		0.00		0.00		0.00		0.00		
Trans-1, 2-Dichloro-Ethylene	0.00		0.00		0.00		0.00		0.00		
1, 1-Dichloroethylene	0.00		0.00		0.00		0.00		0.00		
1, 2-Dichloropropane	0.00		0.00		0.00		0.00		0.00		
1, 3-Dichloro-Propylene	0.00		0.00		0.00		0.00		0.00		
Ethylbenzene	0.00		0.00		0.00		0.00		0.00		
Methyl Bromide	0.00		0.00		0.00		0.00		0.00		
Methyl Chloride	0.00		0.00		0.00		0.00		0.00		
Methylene Chloride	0.00		0.00		0.00		0.00		0.00		
1, 1, 2, 2-Tetrachloro-Ethane	0.00		0.00		0.00		0.00		0.00		
Tetrachloro-Ethylene	0.00		0.00		0.00		0.00		0.00		
Toluene	0.00		0.00		0.00		0.00		0.00		

1, 1, 1-Trichloroethane	0.00	0.00	0.00	0.00	0.00
1, 1, 2-Trichloroethane	0.00	0.00	0.00	0.00	0.00
Vinyl Chloride	0.00	0.00	0.00	0.00	0.00

Outfall Number 001

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
ACID-EXTRACTABLE COMPOUNDS											
P-Chloro-M-Cresol	0.00		0.00		0.00		0.00		0.00		
2-Chlorophenol	0.00		0.00		0.00		0.00		0.00		
2, 4-Dichlorophenol	0.00		0.00		0.00		0.00		0.00		
2, 4-Dimethylphenol	0.00		0.00		0.00		0.00		0.00		
4, 6-Dinitro-O-Cresol	0.00		0.00		0.00		0.00		0.00		
2, 4-Dinitrophenol	0.00		0.00		0.00		0.00		0.00		
2-Nitrophenol	0.00		0.00		0.00		0.00		0.00		
4-Nitrophenol	0.00		0.00		0.00		0.00		0.00		
Pentachlorophenol	0.00		0.00		0.00		0.00		0.00		
Phenol	0.00		0.00		0.00		0.00		0.00		
2, 4, 6-Trichlorophenol	0.00		0.00		0.00		0.00		0.00		

Outfall Number 001

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
BASE-NEUTRAL COMPOUNDS											
Acenaphthene	0.00		0.00		0.00		0.00		0.00		
Acenaphthylene	0.00		0.00		0.00		0.00		0.00		
Anthracene	0.00		0.00		0.00		0.00		0.00		
Benzidine	0.00		0.00		0.00		0.00		0.00		
Benzo(A)Anthracene	0.00		0.00		0.00		0.00		0.00		
3, 4 Benzo-Fluoranthene	0.00		0.00		0.00		0.00		0.00		

Benzo(GHI)Perylene	0.00	0.00	0.00	0.00	0.00
Bis (2-Chloroethoxy) Methane	0.00	0.00	0.00	0.00	0.00
Bis (2-Chloroethyl)-Ether	0.00	0.00	0.00	0.00	0.00
Bis (2-Chloroiso-Propyl) Ether	0.00	0.00	0.00	0.00	0.00
Bis (2-Ethylhexyl) Phthalate	0.00	0.00	0.00	0.00	0.00
4-Bromophenyl Phenyl Ether	0.00	0.00	0.00	0.00	0.00
Butyl Benzyl Phthalate	0.00	0.00	0.00	0.00	0.00
2-Chloronaphthalene	0.00	0.00	0.00	0.00	0.00
4-Chlorophenyl Phenyl Ether	0.00	0.00	0.00	0.00	0.00
Di-N-Butyl Phthalate	0.00	0.00	0.00	0.00	0.00
Di-N-Octyl Phthalate	0.00	0.00	0.00	0.00	0.00
Dibenzo(A,H)Anthracene	0.00	0.00	0.00	0.00	0.00
1, 2-Dichlorobenzene	0.00	0.00	0.00	0.00	0.00
1, 3-Dichlorobenzene	0.00	0.00	0.00	0.00	0.00
1, 4-Dichlorobenzene	0.00	0.00	0.00	0.00	0.00
3, 3-Dichlorobenzene	0.00	0.00	0.00	0.00	0.00
Diethyl Phthalate	0.00	0.00	0.00	0.00	0.00
Dimethyl Phthalate	0.00	0.00	0.00	0.00	0.00
2, 4-Dinitrotoluene	0.00	0.00	0.00	0.00	0.00
2, 6-Dinitrotoluene	0.00	0.00	0.00	0.00	0.00
Fluoranthene	0.00	0.00	0.00	0.00	0.00
Fluorene	0.00	0.00	0.00	0.00	0.00
Hexachlorobenzene	0.00	0.00	0.00	0.00	0.00
Hexachlorobutadiene	0.00	0.00	0.00	0.00	0.00
HexachlorocycloPentadiene	0.00	0.00	0.00	0.00	0.00
Hexachloroethane	0.00	0.00	0.00	0.00	0.00
Indeno(1, 2, 3-CK)Pyrene	0.00	0.00	0.00	0.00	0.00
Isophorone	0.00	0.00	0.00	0.00	0.00

Naphthalene	0.00	0.00	0.00	0.00	0.00
Nitrobenzene	0.00	0.00	0.00	0.00	0.00
N-Nitrosodi-N-Propylamine	0.00	0.00	0.00	0.00	0.00
Phenanthrene	0.00	0.00	0.00	0.00	0.00
Pyrene	0.00	0.00	0.00	0.00	0.00
1, 2, 4-Trichlorobenzene	0.00	0.00	0.00	0.00	0.00

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mdg; 1) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these programmers.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for aute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity test from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need ot submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods.
- If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

5 chronic 0 acute

E.2. Individual Test Data. Complete the follwing chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test Number: Winter 2000	Test Number: Summer 2000
a. Test Information		
Test species & test method number	Ceriodaphnia dubia / 1002.0	Ceriodaphnia Dubia EPA 600/4-91/002
Age at initiation of test	<24 hours	<24 hours
Outfall number	001	001
Dates sample collected	January M-W-F	M-W-F
Date test started	1/9/2000	2/9/2000
Duration	60 % -3 broods or 8 days	6 days
b. Give toxicity test methods followed.		
Manual Title		
Edition number and year of publication		
Page number(s)		
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.		
24-Hour composite	Yes	Yes
Grab		
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)		
Before disinfection		
After disinfection	Yes	Yes
After dechlorination	Yes	Yes
e. Describe the point in the treatment process at which the sample was collected.		
Sample was collected:	Chlorine contact basin effluent.	
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.		
Chronic toxicity	Yes	Yes
Acute toxicity		
g. Provide the type of test performed.		
Static		
Static-renewal	Yes	Yes
Flow-through		

h. Source of dilution water. If laboratory water, specify type; If receiving water, specify source.		
Laboratory water	Yes	Yes
Receiving water		
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.		
Fresh water	Yes	Yes
Salt water		
j. Give the percentage effluent used for all concentrations in the test series.		
	2.5 %	0 %
k. Parameters measured during the test. (State whether parameter meets test method specifications)		
pH	0 - 0 Not in spec	0 - 0 In spec
Salinity	0 - 0 Not in spec	0 - 0 In spec
Temperature	0 - 0 Not in spec	0 - 0 In spec
Ammonia	0 - 0 Not in spec	0 - 0 In spec
Dissolved Oxygen	0 - 0 Not in spec	0 - 0 In spec
l. Test Results.		
Acute:		
Percent survival in 100% effluent	0 %	0 %
LC50		
95% C.I.	0 %	0 %
Control percent survival	0 %	0 %
Other (describe)		
Chronic:		
NOEC	0 %	50 %
IC25	0 %	0 %
Control percent survival	0 %	0 %
Other (describe)		lc50 93.3

m. Quality Control/Quality Assurance.

Is reference toxicant data available?		Yes
Was reference toxicant test within acceptable bounds?		Yes
What date was reference toxicant test run (MM/DD/YYYY)?		
Other (describe)		6 days

	Test Number: Summer 2001	Test Number: Winter 2001
a. Test Information		
Test species & test method number	Ceriodaphnia Dubia EPA 600 4-91-002	Ceriodaphnia Dubia EPA 600-4-91=002
Age at initiation of test		
Outfall number	001	
Dates sample collected	M-W-F	M-W-F
Date test started	2/22/2001	1/21/2001
Duration	7 days	7 days
b. Give toxicity test methods followed.		
Manual Title		
Edition number and year of publication		
Page number(s)		
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.		
24-Hour composite	Yes	Yes
Grab		
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)		
Before disinfection		
After disinfection	Yes	Yes
After dechlorination	Yes	Yes
e. Describe the point in the treatment process at which the sample was collected.		
Sample was collected:	Chlorine contact basin effluent	Chlorine contact basin effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.		
Chronic toxicity	Yes	Yes
Acute toxicity		
g. Provide the type of test performed.		
Static		
Static-renewal	Yes	Yes
Flow-through		

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	Yes	Yes
Receiving water		

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	Yes	Yes
Salt water		

j. Give the percentage effluent used for all concentrations in the test series.

	0 %	0 %

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	0 - 0 In spec	0 - 0 In spec
Salinity	0 - 0 In spec	0 - 0 In spec
Temperature	0 - 0 In spec	0 - 0 In spec
Ammonia	0 - 0 In spec	0 - 0 In spec
Dissolved Oxygen	0 - 0 In spec	0 - 0 In spec

l. Test Results.

Acute:		
Percent survival in 100% effluent	0 %	0 %
LC50		
95% C.I.	0 %	0 %
Control percent survival	100 %	0 %
Other (describe)	50% efflue 90 %	
Chronic:		
NOEC	50 %	0 %
IC25	14.19	0 %
Control percent survival	0 %	0 %
Other (describe)		

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?		
Other (describe)		

FACILITY NAME AND PERMIT NUMBER: City of Coeur d'Alene POTW ID-002853

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Form Approved 1/14/99
OMB Number 2040-0086

	Test Number: Winter 2002	Test Number: Summer 2002
a. Test Information		
Test species & test method number	Ceriodaphnia Dubia 1002.0	Ceriodaphnia Dubia 1002.0
Age at initiation of test	<24	<24 hours
Outfall number		001
Dates sample collected	M-W-F	M-W-F
Date test started	1/6/2002	7/14/2002
Duration	8 days	8 days
b. Give toxicity test methods followed.		
Manual Title		
Edition number and year of publication		
Page number(s)		
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.		
24-Hour composite	Yes	Yes
Grab		
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)		
Before disinfection		
After disinfection	Yes	Yes
After dechlorination	Yes	Yes
e. Describe the point in the treatment process at which the sample was collected.		
Sample was collected:	Chlorine contact basin effluent	Chlorine contact basin effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.		
Chronic toxicity	Yes	Yes
Acute toxicity		
g. Provide the type of test performed.		
Static		
Static-renewal	Yes	Yes
Flow-through		

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	Yes	Yes
Receiving water		

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	Yes	Yes
Salt water		

j. Give the percentage effluent used for all concentrations in the test series.

	0 %	0 %

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	0 - 0 In spec	0 - 0 In spec
Salinity	0 - 0 In spec	0 - 0 In spec
Temperature	0 - 0 In spec	0 - 0 In spec
Ammonia	0 - 0 In spec	0 - 0 In spec
Dissolved Oxygen	0 - 0 In spec	0 - 0 In spec

l. Test Results.

Acute:		
Percent survival in 100% effluent	0 %	0 %
LC50		
95% C.I.	0 %	0 %
Control percent survival	0 %	0 %
Other (describe)		
Chronic:		
NOEC	100 %	0 %
IC25	0 %	0 %
Control percent survival	80 %	0 %
Other (describe)		

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?		
Other (describe)		

	Test Number: Winter 2003	Test Number: Summer 2003
a. Test Information		
Test species & test method number	Cedriodaphnia Dubia 1002.0	Ceriodaphnia Dubia 1002.0
Age at initiation of test	<24	<24
Outfall number		001
Dates sample collected	M-W-F	m-w-f
Date test started	1/11/2003	7/12/2003
Duration	8 days	8 days
b. Give toxicity test methods followed.		
Manual Title		
Edition number and year of publication		
Page number(s)		
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.		
24-Hour composite	Yes	Yes
Grab		
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)		
Before disinfection		
After disinfection	Yes	Yes
After dechlorination	Yes	Yes
e. Describe the point in the treatment process at which the sample was collected.		
Sample was collected:	Effluent chlorine contact basin	Effluent of chlorine contact basin
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.		
Chronic toxicity	Yes	Yes
Acute toxicity		
g. Provide the type of test performed.		
Static		
Static-renewal	Yes	Yes
Flow-through		

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	Yes	Yes
Receiving water		

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	Yes	Yes
Salt water		

j. Give the percentage effluent used for all concentrations in the test series.

	0 %	0 %

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	0 - 0 In spec	0 - 0 In spec
Salinity	0 - 0 In spec	0 - 0 Not in spec
Temperature	0 - 0 In spec	0 - 0 In spec
Ammonia	0 - 0 In spec	0 - 0 In spec
Dissolved Oxygen	0 - 0 In spec	0 - 0 In spec

l. Test Results.

Acute:		
Percent survival in 100% effluent	0 %	0 %
LC50		
95% C.I.	0 %	0 %
Control percent survival	0 %	0 %
Other (describe)		
Chronic:		
NOEC	100 %	0 %
IC25	0 %	0 %
Control percent survival	0 %	0 %
Other (describe)		

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?		
Other (describe)		

	Test Number: Winter 2004	Test Number:
a. Test Information		
Test species & test method number	Ceriodaphnia Dubia 1002.0	
Age at initiation of test	<24	
Outfall number	001	
Dates sample collected	M-W-F	
Date test started	1/16/2004	
Duration	8 days	
b. Give toxicity test methods followed.		
Manual Title		
Edition number and year of publication		
Page number(s)		
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.		
24-Hour composite	Yes	
Grab		
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)		
Before disinfection		
After disinfection	Yes	
After dechlorination	Yes	
e. Describe the point in the treatment process at which the sample was collected.		
Sample was collected:	Effluent of chlorine contact basin	
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.		
Chronic toxicity	Yes	
Acute toxicity		
g. Provide the type of test performed.		
Static		
Static-renewal	Yes	
Flow-through		

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.		
Laboratory water	Yes	
Receiving water		
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.		
Fresh water	Yes	
Salt water		
j. Give the percentage effluent used for all concentrations in the test series.		
	0 %	
k. Parameters measured during the test. (State whether parameter meets test method specifications)		
pH	0 - 0 In spec	
Salinity	0 - 0 In spec	
Temperature	0 - 0 In spec	
Ammonia	0 - 0 In spec	
Dissolved Oxygen	0 - 0 In spec	
l. Test Results.		
Acute:		
Percent survival in 100% effluent	100 %	
LC50		
95% C.I.	0 %	
Control percent survival	0 %	
Other (describe)		
Chronic:		
NOEC	100 %	
IC25	0 %	
Control percent survival	0 %	
Other (describe)		

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	
Was reference toxicant test within acceptable bounds?	Yes	
What date was reference toxicant test run (MM/DD/YYYY)?		
Other (describe)		

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

_____ yes ___X___ no

if yes, describe:

E.4. Summary of Submitted Viomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ MM/DD/YYYY

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER: City of Coeur d'Alene POTW ID-002285-3

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Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 0

b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment woks, copy question F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Deming Industriues

Mailing Address: 2945 Government Way Coeur d'Aene, IA 83814

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Metal Finishing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s) Job Shop - Numerous products vary- Mostly arrows

Raw material(s) Finishing only

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

10,500.00 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

210.00 gpd (___ continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards ___X___ Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

Metal Finishing- 40CFR Part 413

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes ___X___ No

If yes, describe each episode.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Sunshine Minting

Mailing Address: 750 West Canfield Coeur d'Alene, ID 83814

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Burnishing precious metal (silver & gold)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s) Bullion coins

Raw material(s) silver & gold

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,000.00 gpd (__ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,500.00 gpd (__ continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

Nonferous Metals Forming - 40 cfr Part 471

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No

If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

_____ Yes __X__ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____ Truck _____ Rail _____ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

_____ Yes (complete F.13 through F.15. X _____ No

Provide a list of sites and the requested information (F.13. - F.15.) for each current and future site.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

City of Coeur d'Alene Compost Facility ID-002285-3

Form Approved 1/14/99
OMB Number 2040-0086

PART 2: PERMIT APPLICATION INFORMATION

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

APPLICATION OVERVIEW - SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

1. SECTION A: GENERAL INFORMATION

Section A must be completed by all applicants

2. SECTION B: GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Section B must be completed by applicants who either:

1) Generate sewage sludge, or
2) Derive a material from sewage sludge

3. SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE

Section C must be completed by applicants who either:

1) Apply sewage to the land, or
2) Generate sewage sludge which is applied to the land by others

NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if all sewage sludge from their facility falls into one of the following three categories:

1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
3) The sewage sludge from this facility is sent to another facility for treatment or blending.

4. SECTION D: SURFACE DISPOSAL

Section D must be completed by applicants who own or operate a surface disposal site.

5. SECTION E: INCINERATION

Section E must be completed by applicants who own or operate a sewage sludge incinerator.

A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Information

a. Facility Name: City of Coeur d'Alene Compost Facility

b. Mailing Address: 710 E. Mullan Ave.
Coeur d'Alene, ID 83814

c. Contact Person: H. Sid Fredrickson
Title: Wastewater Superintendent
Telephone Number: (208) 769-2277

d. Facility Address (not PO Box): 3500 Julia St
Coeur d'Alene, ID 83815

e. Is this facility a Class I sludge management facility? X Yes ____ No

f. Facility design flow rate: 6 mgd

g. Total population served: 35180

e. Indicate the type of facility

X	Publicly owned treatment works (POTW)	____	Privately owned treatment works
____	Federally owned treatment works	____	Blending or treatment operation
____	Surface disposal site	____	Sewage sludge incinerator
____	Other (describe)		

A.2. Applicant Information If the applicant is different from above, provide the following:

a. Applicant Name: City of Coeur d'Alene

b. Mailing Address: 710 E. Mullan Ave.
Coeur d'Alene, ID 83814

c. Contact Person: H. Sid Fredrickson
Title: Wastewater Superintendent
Telephone Number: (208) 769-2277

d. Is the applicant the owner and operator (or both) of this facility?

X Owner X Operator

e. Should correspondence regarding this permit be directed to the facility or the applicant?

____ Facility X Applicant

A.3. Permit Information

a. Facility's NPDES permit number (if applicable): ID-002285-3

b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit

A.4. Indian Country. Does any generation, treatment storage, application to the land, or disposal of sewage sludge from this facility occur in Indian Country?

_____ Yes __X__ No

If yes, describe:

A.5. Topographic Map. Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) should include the area one mile beyond all property boundaries of the facility:

a. Location of all sewage sludge management facilities, including locations where sewage sludge is stored, treated, or disposed.

b. Location of all wells, springs, and other surface water bodies, listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundaries.

A.6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

A.7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor?

_____ Yes __X__ No

A.8. Pollution Concentrations: Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC	13.8 mg	EPA 6220	1.0 mg/kg
CADMIUM	1.59 mg	EPA 6020	1.0 mg/kg
CHROMIUM	21.4 mg	EPA 1620	1.0 MG/KG
COPPER	348 mg	epa 6020	1.0 MG/KG
LEAD	58.4 mg	EPA 6020	1.0 MG/KG
MERCURY	2.71 mg	EPA 7471A	0.10 MG/KG
MOLYBDENUM	6.2 mg	EPA 6020	1
NICKEL	24.9 mg	EPA 6020	1.0 MG/KG
SELENIUM	3.55 mg	EPA 6020	1.0
ZINC	712.5 mg	EPA6020	1.0 MG/KG

FACILITY NAME AND PERMIT NUMBER:

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A.9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of Form 2S you have completed and are submitting:

_____ Part 1 Limited Background Information Packet	X Section A (General Information)
	X Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
	_____ Section C (Land Application of Bulk Sewage Sludge)
	_____ Section D (Surface Disposal)
	_____ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title H. Sid Fredrickson (Wastewater Superintendent)

Signature H. Sid Fredrickson Date Signed 4/29/04

Telephone number (208) 769-2277

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME AND PERMIT NUMBER:

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B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge.

B.1. Amount Generated on Site

Total dry metric tons per 365-day period generated at your facility: 700 dry metric tons

B.2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility name _____

b. Mailing address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Facility address (not P.O. Box) _____

_____

e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

B.3. Treatment Provided At Your Facility

a. Which class of pathogen reduction does the sewage sludge meet at your facility?

X Class A _____ Class B _____ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

Composting by aerated static piles followed by 30 days of aerated curing prior to marketing.

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
X Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

Composting by aerated static piles followed by 30 days of aerated curing prior to marketing.

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:

Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria.

B.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

700 dry metric tons

b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away for application to the land?

X Yes _____ No

Complete Section B.5. if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4.

B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:

0 dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

Complete Section B.6. if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

B.6. Shipment for Treatment or Blending.

Complete Section B.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:

- **Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or**
- **Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); or**
- **Section B.6 (you send it to another facility for treatment or blending).**

B.7. Land Application of Bulk Sewage Sludge.

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: N/A dry metric tons

b. Do you identify all land application sites in Section C of this application? _____ Yes _____ No
If no, submit a copy of the land application plan with application (see instructions).

c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge?

_____ Yes _____ No

If yes, describe, on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.

B.8. Surface Disposal.

a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:

N/A dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

_____ Yes _____ No

If no, answer B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.

B.9. Incineration.

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period:

N/A dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

_____ Yes _____ No

If no, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in a Municipal Solid Waste Landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

FACILITY NAME AND PERMIT NUMBER:
City of Coeur d'Alene POTW ID-002285-3

This permit application for was elctronically generated by F.A.S.S.

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X Basic Application Information Packet

Supplemental Application Information packet:

X Part D (Expanded Effluent Testing Data)

X Part E (Toxicity Testing: Biomonitoring Data)

X Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Sandi Bloem, Mayor

Signature: Sandi Bloem

Telephone number: (208) 769-2201

Date signed: 5/11/04

Upon request of the permitting authority you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETE FORMS TO:

RECEIVED
MAY 13 2004

RB 5/13/04

FACILITY NAME AND PERMIT NUMBER:

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	_____ Section C (Land Application of Bulk Sewage Sludge)
	_____ Section D (Surface Disposal)
	_____ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Sandi Bloem (Mayor)

Signature Sandi Bloem Date Signed 5/11/04

Telephone number (208) 769-2201

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.